

NOTICE OF INDEPENDENT REVIEW DECISION

September 11, 2002

RE: MDR Tracking #: M2-02-0935-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 31 year female sustained a work related injury on ___ when she was helping a co-worker lift a computer table and injured her neck, mid and lower back. The patient has undergone x-rays and was treated with pain medications as well as physical therapy. The patient complains of increased neck and low back pain and the treating chiropractor has recommended that the patient participate in a work hardening program at 5 times per week for 6 weeks.

Requested Service(s)

Work hardening program at 5 times per week for 6 weeks.

Decision

It is determined that the work hardening program at 5 times per week for 6 weeks is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient had no substantial data supporting the presence of her back pain and there are a number of barriers that would prevent completion of the program. The medical record

documentation indicated that this patient had a normal MRI study of the lumbar spine and no evidence of root compression or cord compression on a cervical MRI. The nerve conduction velocity (NCV) testing of the upper extremities demonstrated evidence of a cubital tunnel syndrome bilaterally and demonstrated questionable evidence of a C5 radiculopathy. However, an examination conducted on 09/18/01 revealed no motor, sensory, or reflex deficits and normal ranges of motion.

The functional capacity evaluation (FCE) that was used for a basis for the request for work hardening was performed on 12/18/01 and indicated that the patient was functioning at the light physical demand level. A review of the documentation revealed that three of the five National Institute for Occupational Safety and Health (NIOSH) tests were invalid (leg lift, hi far lift, and hi near lift) due to high coefficients of variation.

A psychological assessment dated 02/07/02 indicated that the patient was experiencing problems that would interfere with successful completion of the program. The recommendation was that the patient be psychologically stabilized prior to treatment so that the patient's symptoms did not interfere with her recovery. The report also recommended that the patient start in a treatment program with small goals so as to become more hopeful and increase her chances of experiencing some measure of success before moving on to bigger goals. Therefore, the work hardening program at 5 times per week for 6 weeks is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,